

**ATTACHMENT B**

**CY 2006 ELDER ABUSE DIRECT SERVICES FORMULA ALLOCATION  
REQUEST**

**COUNTY:** \_\_\_\_\_

**TOTAL ALLOCATION:** \_\_\_\_\_  
(see [Attachment A](#))

**FUNDS REQUESTED:** \_\_\_\_\_

**ADDITIONAL FUNDS REQUESTED\*:** \_\_\_\_\_  
(\* pending availability)

**SUMMARY BUDGET OF ALLOWABLE COSTS\*\*:**  
(see [Attachment C](#))

\*\*Staff costs, except for staff costs associated with the provision of direct services and/or preventive services for individuals identified at risk of abuse, neglect and/or exploitation, are not allowable. Administrative overhead and indirect costs are not allowable either. There is no carryover provision. No match is required.

\_\_\_\_\_  
**Authorized Agency Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Agency Representative Title**

*[Completed form along with your plan (two page maximum) to meet required performance expectations must be submitted to the regional area agency on aging (see [Attachment E](#)) no later than November 4, 2005.]*